

Date: _____

Fleet and Family Support Center

FFSC Use Only - Case #: _____

Client Information

(To be completed for each New Client)

Client Name (Last, First, MI): PARKINSON, STEPHEN DOB: (M) 02 (D) 17 (Y) 74 Age: 48 SS #: 263-83-0699Cell Phone: (858) 945-2434
Is it OK to call/leave message at this #? Circle: Yes ☒ No ☐Address: 22264 SCOTT CIRCLE
LEXINGTON PARK, MD. 20653Work Phone: SAME
Is it OK to call/leave message at this #? Circle: Yes ☐ No ☐E-mail: stephenparkinson74@gmail.comHome Phone: SAME
Is it OK to call/leave message at this #? Circle: Yes ☐ No ☐Gender: ☒ Male ☐ FemaleRelationship of Client to Sponsor: ☒ Self ☐ Spouse ☐ Child ☐ Other Member Family: _____Race: ☒ Caucasian ☐ African American ☐ Hispanic ☐ Asian/Pacific Islander ☐ Other: _____Marital Status: ☒ Married: (M) _____ (D) _____ (Y) 26 ☐ Dual Military Couple☐ Never Been Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other: _____Is Client a Military Member: Circle: Yes ☒ No ☐Client's Command: COMFHCBranch of Service: ☒ Navy ☐ Marine Corps ☐ Air Force ☐ Army ☐ Coast GuardStatus: ☒ Active Duty ☐ Reserves ☐ Retired

EAOS: _____ PRD: _____

Pay Grade (Rank) and Rate: E9Years in Service: 29-5**SPONSOR or SPOUSE INFORMATION:**

Client Name (Last, First, MI): _____ DOB: (M) _____ (D) _____ (Y) _____ Age: _____ SS #: _____

Cell Phone: _____
Is it OK to call/leave message at this #? Circle: Yes ☐ No ☐

Address: _____

Work Phone: _____
Is it OK to call/leave message at this #? Circle: Yes ☐ No ☐

E-mail: _____

Home Phone: _____
Is it OK to call/leave message at this #? Circle: Yes ☐ No ☐Gender: ☐ Male ☐ FemaleRace: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian/Pacific Islander ☐ Other: _____

Sponsor's Command: _____

Branch of Service: ☐ Navy ☐ Marine Corps ☐ Air Force ☐ Army ☐ Coast GuardStatus: ☐ Active Duty ☐ Reserves ☐ Retired

EAOS: _____ PRD: _____

Pay Grade (Rank) and Rate: _____

Years in Service: _____

DEPENDENT CHILDREN INFORMATION:

Name	Date of Birth	Gender	Race	SSN	Residence (City, State)	Relationship to Sponsor
DENEK PARKINSON	04/16/90	M	W		SAME	SON

ADULT PSYCHO-SOCIAL HISTORY

DATE 3/30/2022

NAME PARKINSON, STEPHEN A

Names and Ages of Children and Stepchildren:

SON - DENISE - (25)

PRESENTING PROBLEMS:

Please state the problem(s) that brought you to the Fleet and Family Support Center.

ANXIETY AND CONTINUING TREATMENT BY MS. TOOP
FROM BRANCH MEDICAL CLINIC.

When did the problem begin? Give dates the best that you can remember.

ONGOING BUT WORSENERD IN 2018/2019.

What specifically do you hope to achieve? How do you want us to help?

ABILITY TO HANDLE STRESS AND SETBACK AND
REFORM MINDS FROM WORK, PROBLEMS, THINGS
& TRAUMATIC EVENTS

FAMILY OF ORIGIN:

Were you raised by your biological parents? Y Divorced /separated? Yes (no)

If not, who raised you? _____ Divorced /separated? Yes/no

Has anyone in your immediate family died? ____ Yes X No

If so, who? _____

Does anyone in your extended family have a problem with alcohol or mental health problems?

X Yes ____ No Other problems? _____

How would you describe the relationship your parents or guardians have with each other?

____ Cold - Distant

____ Tolerant - Put up with each other

____ Stormy - Arguments

____ Abusive - Verbal and/or physical fights

X Loving - Close

IMMEDIATE FAMILY:

Are you? ____ Single X Married ____ Separated ____ Divorced

Name of your spouse/partner CAROLYN

Date of your present marriage. 01/10/95

Date(s) of any previous marriage(s) N/A

Date(s) of any previous divorce(s) N/A

How would you describe the relationship between you and your spouse?

☐ Cold – Distant ☐ Stormy – Arguments
☒ Loving – Close ☐ Tolerant – Put up with each other
☐ Abusive – Verbal and/or physical fights

If you are single, how would describe the relationship between you and most of the partners you have been involved with?

☐ Cold – Distant ☐ Stormy – Arguments
☐ Loving – Close ☐ Tolerant – Put up with each other
☐ Abusive – Verbal and/or physical fights

How would you describe the relationship between you and your mother?

☐ Cold – Distant ☐ Stormy – Arguments
☒ Loving – Close ☐ Tolerant – Put up with each other
☐ Abusive – Verbal and/or physical fights

How would you describe the relationship between you and your father?

☐ Cold – Distant ☐ Stormy – Arguments
☒ Loving – Close ☐ Tolerant – Put up with each other
☐ Abusive – Verbal and/or physical fights

How would you describe the relationship between you and your in-laws?

☐ Cold – Distant ☐ Stormy – Arguments
☐ Loving – Close ☐ Tolerant – Put up with each other
☐ Abusive – Verbal and/or physical fights M/A PASSED Aunt

FFSC services are culturally sensitive and culturally responsive. Are there any cultural issues you would like us to know about or that might be relevant to counseling? *For example, issues related to your family of origin or upbringing, where you were raised or have lived, language of choice, ethnic or cultural background, age, religion, sexual orientation or military history.*

SCHOOL:

Number of years completed 16

If a college graduate, what is your degree in? B/S AVIATION MANAGEMENT

What kind of grades did you usually make? ☒ A's ☐ B's ☐ C's ☐ D's ☐ F's

What was your favorite subject? AVIATION

Navy schools attended/ completed? A, C, COUNSELOR, INSTRUCTOR, PRODUCTION CONTROL, QA, PAINT/CONNOSSION, POWDERCOATING, WELDING

WORK:

What is your present job? MMCPD How Long? 2.5

How do you feel about your work? Like it Tolerate it X Hate it
What future job or profession do you hope to have? LOGISTICIAN, PC, MAINTENANCE
What other jobs have you held? DIVD, LCPO, INSTRUCTOR, PC, TECHNICIAN
PAINTER, WELDER

FINANCIAL:

How would you describe your present financial condition? Poor Fair Good X Excellent

If you are having financial problems, have you sought help from any of the following?

FFSC Counselor Red Cross Navy/Marine Corps Relief

Command Financial Specialist Consumer Credit Counseling

Have you had any letters of indebtedness? Yes No

In the past 12 months, have you experienced:

Food Insecurity? Yes X No

Housing Insecurity? Yes X No

Concerns about your financial well-being? Yes X No

RELIGION/ COMMUNITY:

Do you attend church? Yes X NO What church do you attend? _____

Do you participate in any community activities or organizations? Yes X No

If yes, please list _____

HEALTH:

Primary Care Provider: name: BMC PAX number: _____

My Health is excellent good X fair poor

Have you ever been hospitalized? X Yes No If yes, when? 99 - APPENDIX

What were you treated for? APPENDIX

List any medications you are taking SUN

Have you ever seen a professional therapist? (Psychiatrist, Psychologist, Social Worker, Counselor)

X Yes No

If yes, when MS. TOW 2021 Reason SAME

Do you exercise? X Yes No How often? 3-5 TIMES PER WEEK

What do you do to exercise? WALK 3-5 MILES, BIKE

ABUSE: Check any of the following that has happened to you.

Verbally Abused By whom: _____

Physically Abused By whom: _____

Sexually Abused By whom: _____

Raped By whom: _____

ALCOHOL/ DRUGS: Check any of the following that apply to you:

☐ I have used drugs in the past ☒ I do not use drugs at all
☒ I drink but I do not get drunk. How many drinks per sitting 1-2 / 3-4/ more than 5
☒ I have had some problems with drinking
☒ I have been told by someone that I have a problem with alcohol
☐ I can drink more now than in the past
☐ I do not drink alcohol at all
☒ I drink when I feel a lot of pressure (☒ It helps ☐ It does not help)

BEHAVIOR: Check any of the following that apply to you

<input checked="" type="checkbox"/> Overeating	<input checked="" type="checkbox"/> Often put things off	<input type="checkbox"/> Sexual problems
<input type="checkbox"/> Avoid fearful things	<input type="checkbox"/> Overspend	<input type="checkbox"/> Sleep all the time
<input checked="" type="checkbox"/> Work too hard	<input type="checkbox"/> Lazy	<input type="checkbox"/> Get mad often
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Lose control	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Stay by myself	<input type="checkbox"/> Problems with friends	<input type="checkbox"/> Cry
<input type="checkbox"/> Quit jobs	<input checked="" type="checkbox"/> Can't sleep	<input checked="" type="checkbox"/> Do things over and over
<input type="checkbox"/> Can't eat	<input checked="" type="checkbox"/> Act on impulse	

FEELINGS: Check any of the following that apply to you

<input checked="" type="checkbox"/> Angry	<input checked="" type="checkbox"/> Confused	<input checked="" type="checkbox"/> Bored	<input type="checkbox"/> Fearful
<input type="checkbox"/> Guilty	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Helpless	<input type="checkbox"/> Regretful
<input type="checkbox"/> Content	<input checked="" type="checkbox"/> Depressed	<input checked="" type="checkbox"/> Panicky	<input type="checkbox"/> Energetic
<input checked="" type="checkbox"/> Annoyed	<input type="checkbox"/> Hopeless	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Lonely
<input checked="" type="checkbox"/> Happy	<input checked="" type="checkbox"/> Tense	<input checked="" type="checkbox"/> Restless	<input type="checkbox"/> Sad
<input checked="" type="checkbox"/> Excited	<input checked="" type="checkbox"/> Anxious	<input type="checkbox"/> Ashamed	<input type="checkbox"/> Jealous

THOUGHTS: Check any that apply

<input type="checkbox"/> I am not very smart.
<input type="checkbox"/> I am worthless, a nobody, or useless.
<input type="checkbox"/> I am ugly.
<input type="checkbox"/> I am evil, crazy, degenerate, or deviant.
<input checked="" type="checkbox"/> I am confused and cannot think clearly.
<input type="checkbox"/> I constantly make mistakes, can't do anything right.
<input type="checkbox"/> I make friends easily.
<input checked="" type="checkbox"/> People do not like me.
<input type="checkbox"/> People pick on me.

<input type="checkbox"/> There are people who want to hurt me.
<input type="checkbox"/> Life is really not worth living.
<input type="checkbox"/> The devil is trying to get me to do something horrible.
<input type="checkbox"/> God speaks to me in a voice out loud like people do.
<input type="checkbox"/> I know that I am getting messages over the radio or TV.
<input type="checkbox"/> I think life is very serious and people should take it that way.



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DD FORM 2923, MAR 2009

Case: 444835

Client: Parkinson, Stephen

Printing the following forms:

Treatment Summary
 Clinical Counseling Contact Note
 Clinical Counseling Contact Note
 Administrative Note
 Administrative Note
 Clinical Counseling Contact Note
 Administrative Note
 Administrative Note
 Clinical Counseling Contact Note
 Administrative Note
 Clinical Counseling Contact Note
 Clinical Counseling Contact Note
 Treatment Plan
 Initial Assessment Note

Printed On: 11/2/2022

The following non-native documents should be printed individually:

Client Info; Psychosocial
 Client Rights; Privacy Act
 Telephonic Informed Consent
 Disclosure

PRIVACY ACT

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Treatment Summary**Case Number** 444835 **Client Name:** Parkinson, Stephen

Date: 10/6/2022	Number of Sessions: 7
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Reason for Closure:
Completed Treatment Plan**ASSESSED PROGRESS TOWARDS GOALS**

Clinician Perspective: 5	Notes for Clinician's Perspective Rating: Client presented to the FFSC for individual counseling on his own accord. Client was seen for 7 individual counseling sessions at the FFSC by Madeline Todd, LCSW, at the FFSC. Diagnosis was Z60.0 Other Problems Related to the Social Environment: Phase of Life Problem; F43.23 Adjustment Disorder with mixed Anxiety and Depressed Mood. Treatment goals were challenging unrealistic thinking with more balanced thoughts along with increasing self-care. Client made significant progress towards treatment goals and completed the treatment plan. No additional treatment recommendations at this time. The aftercare plan is for the client to return to the FFSC for additional counseling services, if desired, by calling the FFSC front desk at (301)342-4911 and asking to speak to a counselor. Clinical counseling case to be closed
Client's Self-Rating: 5	Notes for client's Self Rating: Client reports he feels he is in a better place and looking forward to this next chapter of his life with retiring.

SIGNATURES**Signature of Provider:** Madeline Todd **Date of Signature:** 10/6/2022

PRIVACY ACT

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Clinical Contact Note**Case Number** 444835 **Client Name:** Parkinson, Stephen

Contact Date: 9/29/2022			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 1	Family Members: 0	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: (S) Client reports that this weekend will mark him officially being retired from the military, but frustrated with the Navy still because he has not received his DD214 form needed as proof that he is retired. Reports having everything done with the VA and even having appointment scheduled to get him and family new retiree ID cards, but can't complete either of these things without the form. Reports he knows this is a national thing so he isn't too worried, but the resource he has been told to reach out to "just laughed in my face" because of how bad the situation seems to be and nothing else that can be done but wait. Reports he knows that it will be interesting continuing to hear about these different issues in the military but now not being directly in it, but from a civilian's perspective. Reports having a plan to remind himself that it's someone else's job to worry about that and even if he gets annoyed hearing about it, he will work on concentrating on the present. Discussed VA psych diagnosis of Other Trauma and Stress and provided psychoeducation. (O) Client spoke in a moderate tone and maintained good eye contact throughout the session. Mental status was all within normal limits for client. Client's mood was serious and affect was congruent to mood. Client was alert and oriented to person, place, and time. Client denied any present suicidal and/or homicidal ideation. (A) Z60.0 Other Problems Related to the Social Environment: Phase of Life Problem; F43.23 Adjustment Disorder with mixed Anxiety and Depressed Mood— Client is engaged during session, and willing to discuss his concerns related to adjusting to retiring from the military and transitioning into civilian work. Client showing significant progress in accepting the past with his old command and having a positive mindset for the future. (P) Focus of the session was processing transition from military career to civilian, validating frustrations and discussing plans to minimize future stress related to military concerns. Aftercare planning and termination process was also discussed during session to ensure client is making progress towards, and is becoming comfortable with, case closure. Client made significant progress towards treatment goals and completed the treatment plan. No additional treatment recommendations at this time. The aftercare plan is for the client to return to the FFSC for additional counseling services, if desired, by calling the FFSC front desk at (301)342-4911 and asking to speak to a counselor. Clinical counseling case to be closed.			
Plan Status: Continue Treatment Plan			
Diagnostic Impression: Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES

Signature of Provider: Madeline Todd **Date of Signature:** 10/3/2022

PRIVACY ACT

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Clinical Contact Note**Case Number** 444835 **Client Name:** Parkinson, Stephen

Contact Date: 9/9/2022			
Time Spent: 0.5		Type of Contact: Phone	
Contacts Seen:			
Uniform Service Members: 1	Family Members: 0	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: <p>"This session was completed via telehealth with the Client's consent. Telehealth benefits, limitations, and safety protocols were reviewed with the client, and client verbalized understanding. Client was assessed prior to beginning the session and no contraindications to continuing the session were determined."</p> <p>(S) Appointment was originally scheduled for in person, but switched to virtual after client forgot about scheduled appointment. Reports the change in his schedule is likely contributing to him forgetting but also recognizing improvement in symptoms so the urgency for support isn't there. Client reports his new job has been going really well, he finished up all his needed VA appointments for retirement and he is finally feeling like his active duty chapter is closing. Reports that he is noticing some differences with currently working his civilian job including feeling like he can detach himself from work to enjoy home life, even when working from home.</p> <p>(O) Client spoke in a moderate tone and maintained good eye contact throughout the session. Mental status was all within normal limits for client. Client's mood was serious and affect was congruent to mood. Client was alert and oriented to person, place, and time. Client denied any present suicidal and/or homicidal ideation.</p> <p>(A) Z60.0 Other Problems Related to the Social Environment: Phase of Life Problem; F43.23 Adjustment Disorder with mixed Anxiety and Depressed Mood— Client is engaged during session, and willing to discuss his concerns related to adjusting to retiring from the military and transitioning into civilian work. Client showing significant progress in accepting the past with his old command and having a positive mindset for the future.</p> <p>(P) Focus of the session was processing transition from military career to civilian and the benefits this change will have for him and family. Aftercare planning and termination process was also discussed during session to ensure client is making progress towards, and is becoming comfortable with, case closure. Next appointment scheduled for 09/29/22 @ 3:30pm, per client request as client would like one more in person appointment before closing case. Future sessions will focus on coping with changes of retirement.</p>			
Plan Status: Continue Treatment Plan			
Diagnostic Impression: Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES

Signature of Provider: Madeline Todd **Date of Signature:** 9/13/2022

Administrative Note**Case Number** 444835 **Client Name:** Parkinson, Stephen

Contact Date: 8/12/2022	Appointment Administration: No show
Provider's Name: Todd, Madeline	Administrative Notes: Client no showed appointment on 08/12/22. Contacted client who reported he forgot and wanted to reschedule. Rescheduled for 09/09/22 @ 10 am.

SIGNATURES**Signature of Provider:** Madeline Todd **Date of Signature:** 8/24/2022

Administrative Note

Case Number 444835 **Client Name:** Parkinson, Stephen

Contact Date: 8/11/2022	Appointment Administration: Rescheduled
Provider's Name: Todd, Madeline	Administrative Notes: Client rescheduled for 08/12/22 @ 8:30

SIGNATURES

Signature of Provider: Madeline Todd **Date of Signature:** 8/11/2022

PRIVACY ACT

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Clinical Contact Note**Case Number** 444835 **Client Name:** Parkinson, Stephen

Contact Date: 7/1/2022			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 1	Family Members: 0	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: (S) Client reports that he has been at his new job now for a couple weeks and is finding it very interesting compared to what he is used to. Reports for most of his military career, it was always enforced on him to hurry up and get things done; that there is always something to do. Client reports that his new job has tasked him with getting to know the different areas he will be working with, so currently most of his day is observing and getting to know people. Reports most things have been good, however reports he found out his old boss, the one he had all the issues with at last command, is working with one of the programs his company works with. Client reports he went ahead and told his supervisor that they have history together with not getting along, without going into unnecessary detail. Client reports supervisor was supportive and even stated he wasn't surprised because they are having issues with him as well. Reports it was somewhat validating to hear this person wasn't only an issue at his prior location. (O) Client appeared well groomed and in appropriate attire. Client spoke in a moderate tone and maintained good eye contact throughout the session. Mental status was all within normal limits for client. Client's mood was serious and affect was congruent to mood. Client was alert and oriented to person, place, and time. Client denied any present suicidal and/or homicidal ideation. (A) Z60.0 Other Problems Related to the Social Environment: Phase of Life Problem; F43.23 Adjustment Disorder with mixed Anxiety and Depressed Mood— Client is engaged during session, and willing to discuss his concerns related to adjusting to retiring from the military and transitioning into civilian work. Client showing significant progress in accepting the past with his old command and having a positive mindset for the future. (P) Focus of the session was processing transition from military career to civilian and the change in pace and validated skills. Aftercare planning and termination process was also discussed during session to ensure client is making progress towards, and is becoming comfortable with, case closure. Next appointment scheduled for 07/29/22 @1000, per client request. Future sessions will focus on coping with changes of new job and setting appropriate work/life boundaries with civilian job.			
Plan Status: Continue Treatment Plan			
Diagnostic Impression: Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES**Signature of Provider:** Madeline Todd **Date of Signature:** 7/5/2022

Administrative Note

Case Number 444835 **Client Name:** Parkinson, Stephen

Contact Date: 6/21/2022	Appointment Administration: Rescheduled
Provider's Name: Todd, Madeline	Administrative Notes: Contacted client. Reports he now have his new work schedule and he will be working 10 hour days, so he will have every Friday off. Scheduled follow-up for July 1st 10 am, to assess retirement transition and how things are going. Official retirement from Navy is in the Fall.

SIGNATURES

Signature of Provider: Madeline Todd **Date of Signature:** 6/21/2022

Administrative Note**Case Number** 444835 **Client Name:** Parkinson, Stephen

Contact Date: 6/13/2022	Appointment Administration: Not applicable
Provider's Name: Todd, Madeline	Administrative Notes: Contacted client about scheduling follow-up; Client reports he was supposed to start new job last week but the company pushed him back a week. Reports because of that he still isn't sure his schedule at this point, when best it would be to schedule. Will reach out next week 06/21/22 at clients request to schedule follow-up.

SIGNATURES**Signature of Provider:** Madeline Todd **Date of Signature:** 6/13/2022

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Clinical Contact Note****Case Number** 444835 **Client Name:** Parkinson, Stephen

Contact Date: 5/26/2022			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 1	Family Members: 0	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: (S) Client reports that he and his family recently got back from vacation and he feels the time away was much needed for everyone. Reports that his replacement came in and he was able to show him around. Reports he choice not to tell him the concerns he had with leadership due to not wanting to muddy his experience but he did give his replacement his information and said he could reach out if he needed more. Reports he ended up not doing his exit interview as planned because he felt scheduling wasn't working out and felt if leadership really wanted to know his thoughts they would reach out. Reports that he is now on terminal leave and so could still technically have his exit interview if he ever changed his mind, but right now he is more focused on starting his new job in June. (O) Client appeared well groomed and in appropriate attire. Client spoke in a moderate tone and maintained good eye contact throughout the session. Mental status was all within normal limits for client. Client's mood was serious and affect was congruent to mood. Client was alert and oriented to person, place, and time. Client denied any present suicidal and/or homicidal ideation. (A) Z60.0 Other Problems Related to the Social Environment: Phase of Life Problem; F43.23 Adjustment Disorder with mixed Anxiety and Depressed Mood— Client is engaged during session, and willing to discuss his concerns related to adjusting to retiring from the military and processing the difficulties of his last command. Client is working towards challenging the feeling that the whole navy let him down with end of career, that it was more the action of a few, so it's overshadow his career. Showing moderate progress. (P) Focus of the session was processing metal and emotional steps for closing this chapter in his life so it doesn't affect his new chapter. Aftercare planning and termination process was also discussed during session to ensure client is making progress towards, and is becoming comfortable with, case closure. Client requested calling in 2 weeks to schedule due to starting new job and unsure of his hours. Future sessions will focus on coping with changes of new job and setting appropriate work/life boundaries with civilian job.			
Plan Status: Continue Treatment Plan			
Diagnostic Impression: Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES**Signature of Provider:** Madeline Todd **Date of Signature:** 5/26/2022

Administrative Note

Case Number 444835 **Client Name:** Parkinson, Stephen

Contact Date: 5/6/2022	Appointment Administration: Rescheduled
Provider's Name: Todd, Madeline	Administrative Notes: Rescheduled for Wednesday May 25th at 1 pm

SIGNATURES

Signature of Provider: Madeline Todd **Date of Signature:** 5/6/2022

PRIVACY ACT

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Clinical Contact Note**Case Number** 444835 **Client Name:** Parkinson, Stephen

Contact Date: 4/27/2022			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 1	Family Members: 0	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: <p>(S) Client reports that his replacement has reported several months early which no one was expecting, but apparently he had been planning for retirement but then got promoted and took these orders. Reports that from what the client has heard, they are planning to put his replacement back at solomons where the client had started and had all the issues with the GS leader who has since been moved. Client reports ongoing frustration that I seems his leadership did not care about his concerns and was ok moving him, however is also able to rationalize more that their lack of action might have more to do with the admiral in charge at the time getting fired, so their attention was distracted at that time, not that they didn't care about his concerns. Reports he has the opportunity to have his exit interview with them in the next 2-3 weeks. Client reports he isn't sure if he will do this or not because he feels it won't make a difference or get the questions he wants answered.</p> <p>(O) Client appeared well groomed and in appropriate attire. Client spoke in a moderate tone and maintained good eye contact throughout the session. Mental status was all within normal limits for client. Client's mood was serious and affect was congruent to mood. Client was alert and oriented to person, place, and time. Client denied any present suicidal and/or homicidal ideation.</p> <p>(A) Z60.0 Other Problems Related to the Social Environment: Phase of Life Problem; F43.23 Adjustment Disorder with mixed Anxiety and Depressed Mood— Client is engaged during session, and willing to discuss his concerns related to adjusting to retiring from the military and processing the difficulties of his last command. Client is working towards identifying his thoughts around negative event in order to challenge them with more realistic/neutral thoughts. Showing mild progress.</p> <p>(P) Focus of the session was discussing and rationalizing past difficult events with leadership. Aftercare planning and termination process was also discussed during session to ensure client is making progress towards, and is becoming comfortable with, case closure. Next appointment scheduled for 05/11/22 @ 2pm, per client request. Client encouraged to write out what he might say during exit interview, if he plans to go or not. Future sessions will focus on assessing what he feels would be beneficial to say during exit interview.</p>			
Plan Status: Continue Treatment Plan			
Diagnostic Impression: Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES

Signature of Provider: Madeline Todd **Date of Signature:** 4/29/2022**Signature of Supervisor:** Gabrielle Bollino **Date of Signature:** 5/2/2022

PRIVACY ACT

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Clinical Contact Note**Case Number** 444835 **Client Name:** Parkinson, Stephen

Contact Date: 4/13/2022			
Time Spent: 1		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 1	Family Members: 0	Non-Beneficiaries: 0	
Federal Civil Servants: 0	Civilians: 0	Total Contacts Seen: 1	
Type of Counseling Group:		Type of Session: Individual	
Session Notes: <p>(S) Client reports wife has recently been stressed more with work and seeming to be dealing with a similar situation as he had last year. Client reports that he tries to be supportive but he notices himself getting angry for her and admittedly frustrated he can't fix it for her. Client reports that he wishes he could just let the past go but he feels every time he is reminded of his past supervisor, he gets angry. Client reports that he does feel some of his frustration is with the leadership as well because he feels after spending 30 years in the military and getting to where he is, that when he said this person was a problem, there should have been more weight to it and more should have been done. Reports more ended up happening with leadership doing their own investigation and making necessary changes, but by then he had already been moved to another area. Reports he feels that once the supervisor was gone and he had offered, he should have been moved back into his role, but instead they choose to keep the bullet open until his replacement comes next month. Reports feeling hurt by the situation and no longer wanting a retirement ceremony.</p> <p>(O) Client appeared well groomed and in appropriate attire. Client spoke in a moderate tone and maintained good eye contact throughout the session. Mental status was all within normal limits for client. Client's mood was serious and affect was congruent to mood. Client was alert and oriented to person, place, and time. Client denied any present suicidal and/or homicidal ideation.</p> <p>(A) Z60.0 Other Problems Related to the Social Environment: Phase of Life Problem; F43.23 Adjustment Disorder with mixed Anxiety and Depressed Mood— Client is engaged during session, and willing to discuss his concerns related to adjusting to retiring from the military and processing the difficulties of his last command. Treatment goals were established during this session, therefore, no progress has been made towards goals at this time.</p> <p>(P) Focus of the session was goal setting. Aftercare planning and termination process was also discussed during session to ensure client is making progress towards, and is becoming comfortable with, case closure. Next appointment scheduled for 04/27/22 @ 2pm, per client request. Future sessions will focus on improving coping skills for managing elevated stress level.</p>			
Plan Status:			
Continue Treatment Plan			
Diagnostic Impression:			
Unchanged			
Recommended Referrals:			
In-House FFSC:	External Military:	External Civilian:	Tri-Care:

SIGNATURES**Signature of Provider:** Madeline Todd **Date of Signature:** 4/14/2022**Signature of Supervisor:** Gabrielle Bollino **Date of Signature:** 4/15/2022

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Treatment Plan****Case Number** 444835 **Client Name:** Parkinson, Stephen**Date Completed:** 4/13/2022**Behavioral Goals/Objectives:**

Treatment goals were jointly developed, and agreed upon, with client and this writer:

The client will demonstrate an improved ability to cope with elevated stress level to retiring from the military along with processing hurt from last station, which will be measured by self-report or observation in sessions through:

-By end of time together, client will identify 3 unhelpful thoughts related to situation at work and himself, and be able to replace it with more realistic thinking

-By session 6, client will have identified and implemented 2 new self-care activities

Recommended Interventions:

Utilizing a brief, solution focused model and/or CBT techniques, the clinician will:

-Assist the client in developing healthy coping skills and self-care especially with having more time with retiring

-Assisting client in identifying and changing maladaptive thinking by identifying distorted, negative beliefs and replacing them with realistic thinking

-Provide safe place for client to process past events with last command and leadership

Recommended Referrals:**In-House FFSC:****External Military:****External Civilian:****Tri-Care:****SIGNATURES****Signature of Provider:** Madeline Todd**Date of Signature:** 4/14/2022**Signature of Supervisor:** Gabrielle Bollino**Date of Signature:** 4/15/2022

PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE***Initial Assessment****Case Number 444835 Client Name:** Parkinson, Stephen

Contact Date: 3/30/2022		Clinical Provider: Todd, Madeline	
Time Spent: 1.25		Type of Contact: In Person	
Contacts Seen:			
Uniform Service Members: 1		Family Members: 0	
Federal Civil Servants: 0		Civilians: 0	
		Non-Beneficiaries: 0	
		Total Contacts Seen: 1	
Type of Session: Individual		Deployment Related: No	
Are you or the sponsor on Active Duty		Your/Sponsor's Deployment Status	
Yes		N.A.	
Privacy Act Explained: Yes		Explanation:	
Mandatory Reporting Requirement Explained: Yes		Client's Questions Regarding Informed Consent:	
Client(s) Consent to Participate: Yes		Explanation:	
Copy of Client's Rights and Responsibilities: Yes		Explanation:	
<p>Content of Assessment:</p> <p>Presenting Problem: Client is a 48 year old Caucasian, male, E9 currently stationed at COMFRC on Patuxent River. He presents requesting individual counseling due to dealing with multiple stressors including getting out of the military this upcoming fall, processing stressors he dealt with at work over the last couple years, as well as processing some possible ongoing grief of losing a close friend by suicide and losing the life of one specific sailor he worked with and having to inform his family.</p> <p>Relevant History:</p> <p>Client has been in the military for 29.5 years and is currently dealing with the process of retiring while also dealing with several medical issues and chronic pain. Reports started seeing counseling with the Behavioral Health Consultant last year and admits some improvement with making healthier choices, but also recognizing several emotional events he feels he didn't process fully at the time. Clients admits using alcohol as a coping mechanism stating he was drinking just about every night of 2-4 beers, and then several mixed drinks over the weekends. In the last couple months he got a possible diagnosis of a fatty liver after noticing some added side pain when starting Cymbalta. Reports in the last month he has only drank about 1-2 times and only had 1-2 drinks each of those times. Reports he has been walking more and focusing on eating better, has lost 18 pounds and feels a physical difference. However, even with feeling physically better, retiring continues to bring up different emotions he is hoping to process further. Client reports friend who passed away by suicide, was a childhood friend to him and his brother, and it really affected both of them.</p> <p>Clinical Assessment: The client arrived on time for appointment and was dressed in civilian clothing and well groomed. Standardized assessment protocol was used in conducting the assessment and included consideration for associated issues to include age, developmental level of functioning, ethnicity and cultural issues. Client presented as friendly, polite and cooperative. Client was alert, presented with clear speech and was oriented x3. Mood was congruent with affect and the content of discussion. Client did indicate anxiety and depression on the psychosocial form, however anxiety provoking thoughts and depression symptoms are aligned with stressors with work, retiring and adjusting to love of a loved one. Symptoms can be categorized as an adjustment disorder at this time. If symptoms worsen or do not improve, client will be referred to the Behavioral Health Clinic for ongoing individual counseling services. Thought process was reality based with no evidence of thought distortion or processing abnormalities. Client appears to be of above average intelligence with good insight and judgment. Client denied suicidal/homicidal ideation/intent/plan; past or present. Client denies any incidents of domestic violence or child abuse, past or present. Client denies drug or alcohol abuse or dependence at this time however does admit to elevated use back in 2021 as a way to cope and improve sleep, however has since recognized his excessive use was actually making him feel worse and has seen decreased to well under the recommended healthy amount. Denies gaming or internet addiction, past or present. The client reports prior short-term solution focused counseling with BHC at Pax navy clinic to help with managing chronic pain and improving healthy behaviors for overall good health. Client was actively engaged in the counseling session and is motivated to pursue short term counseling at this time. Client had an ACE score of 0.</p> <p>Recommendations: Reviewed history and current level of functioning. Discussed issues that brought the client in for counseling. Began the process of establishing rapport and formulated preliminary goals for treatment. The counselor assisted the client in exploring their reasons for seeking treatment through the use of empathic listening, reflection, identification of strengths, normalization, support, and encouragement. Provided the client with a brief overview of the services offered at FFSC. The client indicated a willingness to return for further sessions and a follow-up appointment was scheduled for 04/13/22 @ 1pm.</p> <p>Instructions Provided:</p> <p>Please note that during the Initial Assessment, the Privacy Act and Statement of Client Rights & Responsibilities form were reviewed and signature obtained. The Privacy Act Statement contains identification for the Personnel Reliability Program (PRP). PRP status marked as "No." Client also gave informed consent for treatment. Client appeared to understand rights and responsibilities. Pertinent information was collected during this initial session to determine client needs and treatment goals. Termination process was reviewed and discussed as well as number of sessions. Client informed that FFSC utilizes a brief, solution focused approach to therapy.</p>			
Diagnostic Impression			
<u>Other Conditions that may be focus of Clinical Attention:</u>			

- Other Problems Related to the Social Environment: Phase of Life Problem

Adjustment Disorders:

- Adjustment Disorders: With Mixed Anxiety and Depressed Mood

Rule Out Diagnosis:

SIGNATURES

Signature of Provider: Madeline Todd **Date of Signature:** 3/30/2022

Signature of Supervisor: Gabrielle Bollino **Date of Signature:** 4/4/2022

**COUNSELING, ADVOCACY, AND PREVENTION SERVICES
FLEET AND FAMILY SUPPORT CENTER NAVY REGION [Naval District Washington]**

Privacy Act Statement and Acknowledgment

Information that you provide to the Fleet and Family Support Center (FFSC) will be treated in a sensitive manner by the FFSC and will be managed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a.

1. Legal Authority for Requesting Information From You: 5 U.S.C. Sect. 301, which allows Secretary of the Navy to make regulations for the Department of the Navy. One of these regulations, SECNAVINST 1754.1B, Department of the Navy, Fleet and Family Support Program (FFSP), established the Fleet and Family Support Centers (FFSC).

2. Principal Purpose for Which Your Information Will Be Used: The information you provide will help the Fleet and Family Support Center (FFSC) professional staff to assist you.

3. Routine Uses Which May Be Made of Your Information: In addition to using the information you give us for the "principal purpose" given above, your information may be used for one or more of the "routine uses" listed in the *Federal Register* notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This *Federal Register* notice is available here at the FFSC for you to see, if you wish, or at <http://privacy.navy.mil/>.

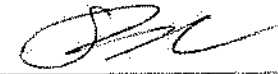
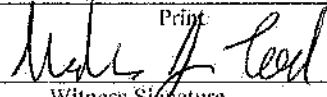
Four of the more important uses are:

- a. Disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse or neglect;
- b. Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing a law, where FFSC records indicate that a violation of law may have occurred.
- c. Disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFAs); and,
- d. Disclosure to the Department of Justice for litigation purposes.

4. Other Disclosure of Your Information: In addition to using the information you give us for the "principal purpose" and the "routine uses" given above, your information may be disclosed in certain or specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, child pornography, and family-abuse situations.

5. Disclosure is Voluntary: You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above Important Notice and Privacy Act statement and the routine uses of the information which may be provided to me. My FFSC case manager has explained the contents of the Privacy Act statement to me.

Date	8/30/22	STEPHEN PANKINSON	
		Print	Signature
Date	03/30/22		
		Witness Signature	

For Active Duty Only: I am currently in the Personnel Reliability Program: Yes ☐ No ☒ N/A ☐
(If "Yes", complete and sign the Privacy Act Statement for Members on PRP form.)

Fleet and Family Support Center [Naval District Washington] Statement of Client Rights and Responsibilities

People sometimes encounter difficult situations or crisis in their lives and often benefit from professional counseling services that are available at their Fleet and Family Support Center. Counseling contributes to personal readiness by providing the opportunity to develop problem-solving skills that can reduce stress in the workplace or in personal relationships. When you work with a counselor to address such concerns the following expectations are reasonable:


Client Responsibilities:

1. It is important that you attend and actively participate in each counseling session for the period of time upon which you and your counselor agree.
2. It is important that counseling appointments begin and end on time in order for counseling to be most effective for you, and to ensure other clients don't have to wait for their appointments.
3. If you are unable to attend a scheduled appointment or change your mind about further counseling it is important to give us as much notice as possible.
4. In order to assure success, it is necessary that you commit both time and effort to your goals.

Client Rights:

1. The right to receive quality care and assistance within the center's limits of service.
2. The right to be treated with respect and dignity regardless of race, culture, sex age, disability, creed, socioeconomic status, marital status, and military status.
3. The right to know the identity and professional status of individual(s) providing services.
4. The right to receive an explanation of the assistance being provided and to refuse assistance.
5. The right to limited confidentiality. While FFSC staff may disclose your communications as necessary to carry out the mission of the Family Advocacy Program (e.g., to an Incident Determination Committee, to law enforcement) your information will be protected against any disclosure that is not for an official purpose. The FFSC staff will explain the Privacy Act Statement and Acknowledgement so that you are fully informed about how your information will be used before you receive services.
6. The right to refuse to participate in any data collection for purpose of research or evaluation.
7. The right to be free of any sexual exploitation or harassment.
8. The right to review your own case record when you make a written request at least 24 hours in advance and conduct your review in the presence of a professional staff member. Access does not extend to confidential material provided to the center by other agencies.
9. The right to lodge a grievance if you have reason to believe your rights have been violated. A grievance may be lodged by contacting the FFSC Site Manager either in writing or verbally. A prompt response is guaranteed.

My rights and responsibilities have been explained to me and I have received a copy:



Client Signature

3/30/2022

Date

Revised 28 November 2017

**UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM THIS
RECORD COULD SUBJECT THE USER TO CRIMINAL PENALTIES**

- [illegible]

NDW Telephonic Counseling Informed Consent Addendum

I, Stephen Lawrence, hereby consent to engage in telephonic counseling services with Fleet & Family Support Center (FFSC). I understand that telephonic counseling includes consultation, treatment, transfer of client data, emails, and telephone conversations using both electronic and telephonic communications.

I understand that I have the following rights with respect to telehealth:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the **Privacy Act Statement and Acknowledgement** form that I will be receiving and signing along with this consent form. If return of hard copy signed documents is not possible prior to the session, due to agreed upon extenuating circumstances, verbal consent of client understanding will be accepted and documented in lieu of signature.
3. I understand that there are risks and consequences from telephonic counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of FFSC that the transmission of my information could be disrupted, distorted, or compromised by technical failures. In the event of such an issue and if you are in a state of crisis or emergency, it is recommended that you contact a crisis line or an agency local to you. This will be discussed with you at the onset of telephonic counseling. The following crisis hotlines are recommended for immediate and emergency situations:

(1-800-SUICIDE) (1-800-273-TALK) Hearing Impaired (800-799-4TTY)

4. In addition, I understand that telephonic counseling based services and care may not be as comprehensive as face-to-face services. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my counselor, my condition may not be improve, and in some cases may even get worse.
5. I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.
6. I accept that telephonic counseling may require collaboration. In the event of an emergency, FFSC will reach out to local resources in order to provide emergency response and services. I understand that my confidentiality is extremely important to FFSC and that they take every possible measure to prevent unnecessary disclosure of information entrusted to them. Only in exceptional situations will we contact outside entities in order to ensure safety for all. These situations are identified in the **Privacy Act Statement and Acknowledgement** form mentioned above and would include situations related to danger to self or others. In the event of one of these situations occurring, FFSC would reach out to previously identified local POCs in order to ensure safety. If I am experiencing an emergency situation, I also understand that I can call base emergency services or proceed to the nearest medical treatment facility for help. If I am having suicidal thoughts or making plans to harm myself, I can also call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.

Enclosure 2

7. I understand that I am responsible for (a) providing the necessary telecommunications equipment for my telephonic counseling sessions, and (b) arranging a location with sufficient privacy from others listening in, (c) that is free from distractions or intrusions for telehealth session. I will refrain from recording the content of the telehealth session.
8. I understand that I have a right to access my records in accordance with the Privacy Act of 1974, 5 U.S.C. 552a., as referenced in the **Privacy Act Statement and Acknowledgement** form

I have read, understand and agree to the information provided above.

Stephen Parkinson

Printed Name

SP

Client Signature

3/30/22

Date